

**A Public Document**

<b>1. Agency Name</b>		RECEIVED Date Stamp San Jose City Clerk <i>JKW 10M</i> 2017 MAR 28 PM 1:59	<b>California Form 802</b> For Official Use Only
City of San Jose			
<b>Division, Department, or Region</b> <i>(if applicable)</i>			
Fire Department			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>  <b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	
Chief Curtis Jacobson, Fire Chier			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(408) 535-8100	webmaster.manager@sanjoseca.gov		

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 92.00

Event Description: Disney on Ice Date(s) 2/10/17     /    /      
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of San Jose Fire Communications	16	Employee Recognition Event
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Norberto Dueñas Print Name: City Manager Title: 3/24/17 (month, day, year)

Comment: \_\_\_\_\_